MAXATAWNY TOWNSHIP 127 QUARRY ROAD, SUITE 1 KUTZTOWN, PA 19530

PHONE: 610-683-6518

610-683-3518

FAX:

| <u>APPI</u> | LICATION FOR ZONING PERMIT | | | | | | | |
|--|---|---|--|--|--|--|--|--|
| LOCATION OF PROPOSAL | PARCEL #: | (If address unknown) | | | | | | |
| PROPOSED USE: | ESTIMA | ESTIMATE COST: | | | | | | |
| PROPOSED OCCUPANCY: | FLOOD PLAIN: | YESNO | | | | | | |
| NUMBER OF OCCUPANTS: NUMBER OF OFF STREET PARKING SPACES: | | | | | | | | |
| ERECT OR PLACE A BUILDING OR STRUCTURE OR ADDITIONERECT AN ACCESSORY STRUCTUREERECT AN AGRICULTURAL STRUCTURE | ERECT A FENCEERECT OR PLACE A SIGN | ESTABLISH A USE CHANGE THE USE OF A PROPERTY | | | | | | |
| <u>NAME</u> | <u>ADDRESS</u> | <u>PHONE</u> | | | | | | |
| OWNER: | | | | | | | | |
| EMAIL: | | | | | | | | |
| | | _ | | | | | | |
| CONTRACTOR: | | _ | | | | | | |
| estimeton. | | | | | | | | |
| | | _ | | | | | | |
| ADDITIONAL | | _ | | | | | | |
| APPLICANT: | | | | | | | | |
| EMAIL: | | _ | | | | | | |
| ALL APPLICATIONS MUST BE SUBMITTED IN ACCORDANCE WITH M BY ME ARE TRUE AND CORRECT. I SHALL COMPLY WITH ALL TOWN | | AMENDED. ALL STATEMENTS MADE HERE IN | | | | | | |
| INCOMPLETE APPLICATIONS SHALL BE REJECTED | | | | | | | | |
| APPLICANT'S SIGNATURE: | DATE: | | | | | | | |
| ANY AGRIEVED PARTY MAY APPEAL A ZONING PERMIT WITHIN TI RIGHT TO APPEAL FOR ZONING RELIEF. A FINAL INSPECTION IS RE | • • | THIS PERMIT IS REUSED YOU HAVE THE | | | | | | |
| All applications shall be made in writing and shall be accompany | companied by two (2) sets of plans showing at least the | e following information. | | | | | | |

- Actual dimensions and shape of the lot to be built upon or altered, the exact size and locations on the lot of buildings, structures, or signs existing.
- The number of dwelling units, if any, to be provided, parking spaces provided and / or loading facilities, statement indicating the existing or proposed use.
- New construction, additions, or replacements, the height of structures, buildings, earthmoving or signs.
- $Proposed\ use,\ hours\ of\ operation\ if\ applicable,\ number\ of\ employees\ if\ applicable,\ etc.$
- All other information necessary for such Zoning Officer to determine conformance with and provide for enforcement of this Ordinance.
- One (1) copy of the plans to Zoning Officer to approve or disapprove. One (1) copy of plans shall be retained by Zoning Officer for his records.
- When issued it must be posted on the property in plan view for public inspection with proper weather cover.
- All construction requires inspection by the Zoning Officer. The Zoning Officer must be notified at least twenty-four (24) hours prior to construction of each required inspection step

| required inspection step. | | | | | | | | | | |
|------------------------------|------------|-------------|------------|-----------------|--------------|--|--|--|--|--|
| DO NOT WRITE BELOW THIS LINE | | | | | | | | | | |
| APPLICATION FEE: | | CHECK#/CASH | | DATE: | RECEIVED BY: | | | | | |
| | | | | | | | | | | |
| SUBMITTED DOCUMENTS | <u>YES</u> | <u>NO</u> | <u>N/A</u> | <u>REQUIRED</u> | | | | | | |
| PLANS: SIGNED & SEALTED | | | | | | | | | | |
| SPECIFICATIONS | | | | | | | | | | |
| WORKER'S COMP. INS. | | | | | | | | | | |
| CERTIFICATE OF INSURANCE | | | | | | | | | | |
| ZONING APPROVAL | | | | | | | | | | |
| APPLICATION COMPLETE | | | | | | | | | | |